

# Help Us Get to Know Your Child

Child's Name: \_\_\_\_\_

*This is a required part of your child's kindergarten registration. Please return it to the office within one week. You are welcome to drop it by, or mail it to: Corvallis Primary School – Attn: Office P.O. Box 700 Corvallis, MT 59828*

My child is excited and talks about going to school.	YES	NO	SOMETIMES
My child enjoys listening to me read books.	YES	NO	SOMETIMES
My child plays well with other kids. (sharing, talking nice)	YES	NO	SOMETIMES
My child cries easily.	YES	NO	SOMETIMES
My child has a hard time letting me go.	YES	NO	SOMETIMES
Has your child attended a pre-school or Head Start Program?	YES	NO	

Where: \_\_\_\_\_

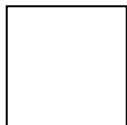
For How Many Years? \_\_\_\_\_ (if shorter than one school year, please specify the number of months your child attended)

Please take a few minutes to do the following activities with your child.  
Fill in each answer according to what your child is able to **accomplish alone, with no help.**

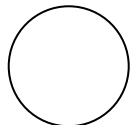
Please have your child **write his/her name:** \_\_\_\_\_

Can your child **spell his/her name aloud?** YES, ALL OF THEM    SOME OF THEM    NOT YET  
(saying the letters)

Circle the **shapes** your child can identify by name:



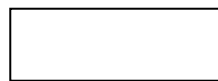
Square



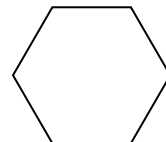
Circle



Triangle



Rectangle



Hexagon

My child **can count** (without help and without skipping any numbers) to: \_\_\_\_\_

Point to each letter in the order shown below. Circle the ones your child knows by name without help.

B      D      F      H      J      L      N      P  
R      T      V      X      Z      A      C      E  
G      I      K      M      O      Q      S      U  
W      Y

Point to each number in the order shown below. Circle the ones your child knows by name without help.

5    4    8    1    6    9    2    3    7    10    12    11

Have your child **draw a self-portrait below**.

THIS IS A PICTURE OF ME!

Circle **words best describing your child**:

Active      Boisterous      Show-off      Quiet      Energetic      Independent      Confident  
Self-Initiated      Sensitive      Impulsive      Dependent upon Adult Direction and Suggestion

Other: \_\_\_\_\_